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Bib Data Sheet

CONFIRMATION NO. 9920

|                             |                                       |              |                        |                                   |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER<br>10/051,186 | FILING DATE<br>01/22/2002<br><br>RULE | CLASS<br>435 | GROUP ART UNIT<br>1646 | ATTORNEY<br>DOCKET NO.<br>PF129C2 |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|

APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/455,442 12/06/1999 ABN  
 which is a CON of 08/461,250 06/05/1995 ABN  
 which is a CIP of PCT/US95/01587 02/03/1995  
 and is a CIP of PCT/US94/09235 08/16/1994

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
**\*\* 04/01/2002**

|  |                             |                         |                       |                            |
|--|-----------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY<br>PA   | SHEETS<br>DRAWING<br>14 | TOTAL<br>CLAIMS<br>20 | INDEPENDENT<br>CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions<br>met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance | EXAMINER'S SIGNATURE<br>WDP | INITIALS<br>4/15/05     |                       |                            |

ADDRESS  
 22195  
 HUMAN GENOME SCIENCES INC  
 INTELLECTUAL PROPERTY DEPT.  
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TITLE  
 Calcitonin gene related peptide receptor

|  |  |   |                                   |   |  |  |                                      |                                 |
|--|--|---|-----------------------------------|---|--|--|--------------------------------------|---------------------------------|
| <p>FILING FEE<br/>RECEIVED<br/>740</p>                         | <p>FEES: Authority has been given in Paper<br/>No. _____ to charge/credit DEPOSIT ACCOUNT<br/>No. _____ for following:</p> | <table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table> | <input type="checkbox"/> All Fees | <input type="checkbox"/> 1.16 Fees ( Filing ) | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) | <input type="checkbox"/> 1.18 Fees ( Issue ) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Credit |
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